

622

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | C.C. | | 09-01-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>[Signature]</i> | 535 | 10-03-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | | | |
|---|----------------------|------------|---|-------|--------------|
| ✓ | | Rejected | N | | Non-elected |
| — | | Allowed | I | | Interference |
| — | (Through numeral)... | Canceled | A | | Appeal |
| ÷ | | Restricted | O | | Objected |

| Claim | | Date |
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| Final | Original | |
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| Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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